

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579090

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5			1			
6						
7						
8						
9			1			
10						
11						
12						
13			1			
14						
15						
16						
17						
18						
19						
20						
21						
22			1			
23						
24						
25			1			
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33						
34			1			
35						
36						
37			1			
38						
39			1			
40						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			44			